FOOT INSPECTION AND MONOFILAMENT USE GUIDE -

A visual foot examination is recommended at every visit.

A more in-depth inspection should be performed at least annually to identify high-risk foot conditions.

An in-depth exam should include an assessment of:

- Protective Sensation
- Vascular Status
- Skin Integrity
- Foot Structure/Biomechanics

Risk Identification

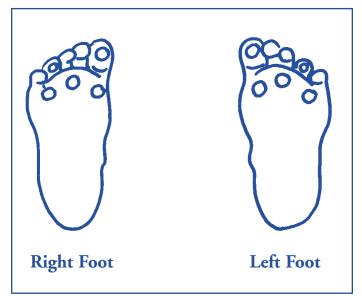
Amputation is most commonly the eventual result of previous minor trauma causing foot injury. The two most common causes of minor foot trauma are ill-fitting new shoes and improper cutting of toenails. The risk of ulcers or amputations is increased in people who have had diabetes ≥ 10 years, are male, have poor glucose control, smoke, or have cardiovascular, retinal, or renal complications. Four footrelated conditions are associated with amputation:

- 1. Peripheral neuropathy
- 2. Peripheral vascular disease (PVD)
- 3. History of ulcers or amputation in the other limb
- 4. Altered biomechanics
 - Evidence of increased pressure (callus, erythema)
 - Limited joint mobility, bony deformity, or nail pathology

Assessing Protective Sensation

(Use either the Semmes-Weinstein monofilament or a tuning fork.)

- Have the patient look away or close his or her eyes.
- Hold the filament perpendicular to the skin.
- Avoiding any ulcers, calluses, or sores, touch the monofilament to the skin until it bends. Hold in place for approximately 1.5 seconds, then gently remove it.
- Randomly test the sites shown on the diagram to the right.
- Elicit a response from the patient at each site. Lack of sensation at any site may indicate diabetic neuropathy.
- The monofilament may be cleaned with 1:10 sodium hypochlorite solution if contaminated with blood or body fluids.



Risk Category

Low Risk

All of the following:

- Intact protective sensation
- Pedal pulses present
- No severe deformity
- No prior foot ulcer
- No amputation

High Risk

One or more of the following:

- Loss of protective sensation
- Absent pedal pulses
- Severe foot deformity
- History of foot ulcer
- Prior amputation

Management Guidelines

Low Risk

- Visual foot exam every routine diabetes visit
- Annual comprehensive lower extremity sensory exam
- Assess/recommend appropriate footwear
- Provide patient education for preventive self-care

High Risk

- Conduct comprehensive lower extremity exam every 3-6 months
- Demonstrate preventive self-care of the feet
- Refer to specialists and diabetes educator as indicated
- Assess/prescribe appropriate footwear
- Certify Medicare patients for therapeutic shoe benefits
- Note "High Risk Feet" on medical record

Massachusetts Guidelines For Adult Diabetes Care • Revised June 2003



Monofilament Resources

All monofilaments are 5.07 (10 gm.)

Lower Extremity Amputation (LEAP) Program

Bureau of Primary Health Care (BPHC) Division of Programs for Special Populations 4350 East West Hwy., 9th Floor Bethesda, MD 20814

1-888-ASK-HRSA www.bphc.hrsa.gov/leap

Medical Monofilament Manufacturing, LLC

116 Long Pond Road Plymouth, MA 02360 1-508-746-7877

www.medicalmonofilament.com

Center for Specialized Diabetes Foot Care

P. O. Box 373, 405 Hayden St. Belzoni, MS 39038 1-800-543-9055 ext. 127

Connecticut Bioinstruments

314 W. 231st St. Riverdale, NY 10463 1-800-336-1935

North Coast Medical, Inc.

18305 Sutter Blvd. Morgan Hill, CA 95037-2845

1-800-821-9319

Sensory Testing Systems

1815 Dallas Drive, Suite 11-A Baton Rouge, LA 70806 1-888-289-9293

Sammons, Pruss, Rolyan

P.O. Box 5071 Bolingbrook, IL 60440 1-800-558-8633 Disposable

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Set of five, assorted sizes: \$99.99

Resource list provided courtesy of the Massachusetts Podiatric Medical Society